MMPI-2
Minnesota Multiphasic Personality Inventory-2

SAMPLE REPORT

Case Description: Del C. — Personal Injury Neurological Interpretive Report

Del C., a 50-year-old married construction worker, is being evaluated as part of a personal injury lawsuit. Del claims severe head injuries as a result of an automobile accident. Although he was not hospitalized at the time of the accident, he sought medical attention the following week for impaired vision, headaches, and dizziness. He has not returned to his job since the accident and is seeking compensation for his lost ability to function as a result of his reported symptoms, which include visual impairment, ringing in his ears, dizziness, and headaches.

Case descriptions do not accompany MMPI-2 reports, but are provided here as background information. The following report was generated from Q-global™, Pearson's web-based scoring and reporting application, using Mr. C.'s responses to the MMPI-2. Additional MMPI-2 sample reports, product offerings, training opportunities, and resources can be found at PearsonClinical.com/mmpi2.

MMPI®-2
Minnesota Multiphasic Personality Inventory®-2

Personal Injury (Neurological) Interpretive Report

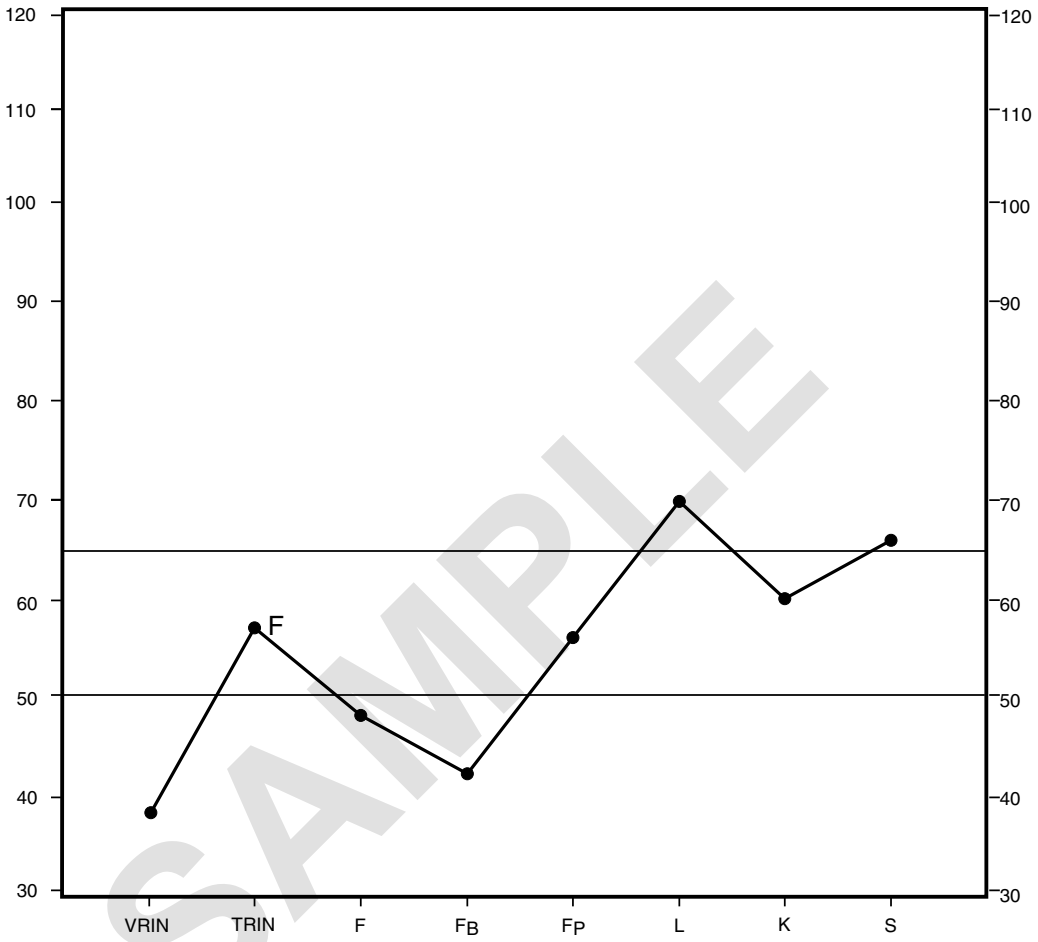
MMPI®-2
The Minnesota Report™: Reports for Forensic Settings
James N. Butcher, PhD

Name:	Del C.
ID Number:	2541
Age:	50
Gender:	Male
Marital Status:	Married
Years of Education:	12
Date Assessed:	1/31/14

PsychCorp

[3.9 / 1 / QG]

MMPI-2 VALIDITY PATTERN



	VRIN	TRIN	F	FB	FP	L	K	S
Raw Score:	2	8	4	0	2	8	20	39
T Score (plotted):	38	57F	48	42	56	70	60	66
Non-Gendered T Score:	38	57F	50	42	57	70	60	66
Response %:	100	100	100	100	100	100	100	100

Cannot Say (Raw):	0
Percent True:	28
Percent False:	72

	Raw Score	T Score	Resp. %
S_1 - Beliefs in Human Goodness	8	52	100
S_2 - Serenity	11	68	100
S_3 - Contentment with Life	7	65	100
S_4 - Patience/Denial of Irritability	7	63	100
S_5 - Denial of Moral Flaws	5	65	100

PROFILE VALIDITY

Unrealistic claims of virtue, as shown in this profile, reflect conscious attempts to influence the outcome of litigation by giving the appearance of having extremely high moral virtue and honesty. This test-taking attitude weakens the validity of the test and shows an unwillingness or inability on the part of the client to disclose personal information. The resulting MMPI-2 profile is unlikely to provide much useful information about the client because he was too guarded to cooperate in the self-appraisal. Many reasons may be found for this pattern of uncooperativeness: conscious distortion to present himself in a favorable light, lack of psychological sophistication, or rigid neurotic adjustment.

The client's conscious efforts to influence the outcome of the evaluation and to project an overly positive self-image produced an MMPI-2 profile that substantially underestimates his psychological maladjustment. The test interpretation should proceed with the caution that the clinical picture reflected in the profile is probably an overly positive one and may not provide sufficient information for evaluation.

SYMPTOMATIC PATTERNS

Scales *Hs and Hy* were used as the prototype to develop this report. His MMPI-2 clinical profile presents a rather mixed pattern of symptoms in which somatic reactivity under stress is a primary difficulty. The client presents a picture of physical problems and a reduced level of psychological functioning. He is likely to have a hysteroid adjustment to life and may experience periods of exacerbated symptom development under stress. Some individuals with this profile develop patterns of "invalidism" in which they become incapacitated and dependent on others. His physical complaints may be vague, may have appeared suddenly after a period of stress, and may not be traceable to actual organic changes. He may be manifesting fatigue, vague pain, weakness, or unexplained periods of dizziness. He may view himself as highly virtuous and he may exhibit a "Pollyannish" attitude toward life. Such clients may not appear greatly anxious or depressed about their symptoms and may exhibit "la belle indifference." Apparently sociable and rather exhibitionistic, this individual seems to manage conflict by excessive denial and repression.

In addition, the following description is suggested by the content of the client's item responses. He finds it difficult to manage routine affairs, and the items he endorsed suggest a poor memory, concentration problems, and an inability to make decisions. He appears to be immobilized and withdrawn and has no energy for life. He views his physical health as failing and reports numerous somatic concerns. He feels that life is no longer worthwhile and that he is losing control of his thought processes. He appears to have good social skills and reports that he has no problems interacting with other people. He complains about feeling quite uncomfortable and in poor health. The symptoms he reports include vague weakness, fatigue, and difficulty concentrating. In addition, he feels that others are unsympathetic toward his perceived health problems.

PROFILE FREQUENCY

It is usually valuable in MMPI-2 clinical profile interpretation to consider the relative frequency of a given profile pattern in various settings. The client's MMPI-2 high-point clinical scale score (Hy) is found in 12.1% of the MMPI-2 normative sample of men. However, only 3.8% of the normative men have Hy as the peak score at or above a T score of 65, and only 2.3% have well-defined Hy spikes. His elevated MMPI-2 two-point profile configuration (1-3/3-1) is rare in samples of normals, occurring in 1.8% of the MMPI-2 normative sample of men.

The relative frequency of his profile in various medical settings is informative. In the Pearson Assessments medical sample, this is the most frequent MMPI-2 high-point clinical scale score (Hy), occurring in 20.7% of the men. In addition, 16.3% of the men have the Hy scale spike at or above a T score of 65, and 9.3% have a well-defined Hy high point in that range. His elevated MMPI-2 two-point profile configuration (1-3/3-1), in this elevation range, is very common in samples of medical patients. It occurs in 16.4% of the men in the Pearson Assessments medical sample.

This MMPI-2 profile peak score on the Hy scale occurs with very high frequency among individuals involved in personal injury litigation. This is the most frequent profile peak (30.6%). Moreover, 17.2% of the cases have well-defined scores at or above a T score of 65 (Butcher, 1997b). In addition, among litigants who produce a somewhat defensive profile, this MMPI-2 profile peak score on the Hy scale is found with very high frequency (33.3%). Additionally, 22.2% are well-defined with a high-point score at or above a T of 65 (Butcher, 1997b).

His MMPI-2 profile peak score on the Hy scale occurs with relatively high frequency in head injury patients. Putnam et al. (1995) reported this high-point score for 5.8% of individuals with mild head injury and 5.1% with moderate to severe head injury.

PROFILE STABILITY

The relative elevation of the highest scales in his clinical profile reflects high definition. If he is retested at a later date, the peak scores are likely to retain their relative salience. His high-point score on Hy is likely to remain stable over time. Short-term test-retest studies have shown a correlation of 0.72 for this high-point score. Spiro, Butcher, Levenson, Aldwin, and Bosse (1993) reported a 0.65 stability index for a large study of normals in a five-year test-retest period.

INTERPERSONAL RELATIONS

Individuals with similar profiles tend to be somewhat passive-dependent and demanding in interpersonal relationships. The client may attempt to control others by complaining of physical symptoms. He is likely to have a low sex drive and may have problems in his marriage because of this. He seems to require an excessive amount of emotional support from his spouse. He is likely to use his physical complaints to gain attention for his perceived illness.

He has an average interest in being with others and is not socially isolated or withdrawn. He appears to meet and talk with other people with relative ease and is not overly anxious at social gatherings.

MENTAL HEALTH CONSIDERATIONS

Individuals with this profile typically exhibit a neurotic pattern of adjustment and would probably receive a clinical diagnosis of conversion disorder or somatization disorder. They might also receive an Axis II diagnosis of dependent personality.

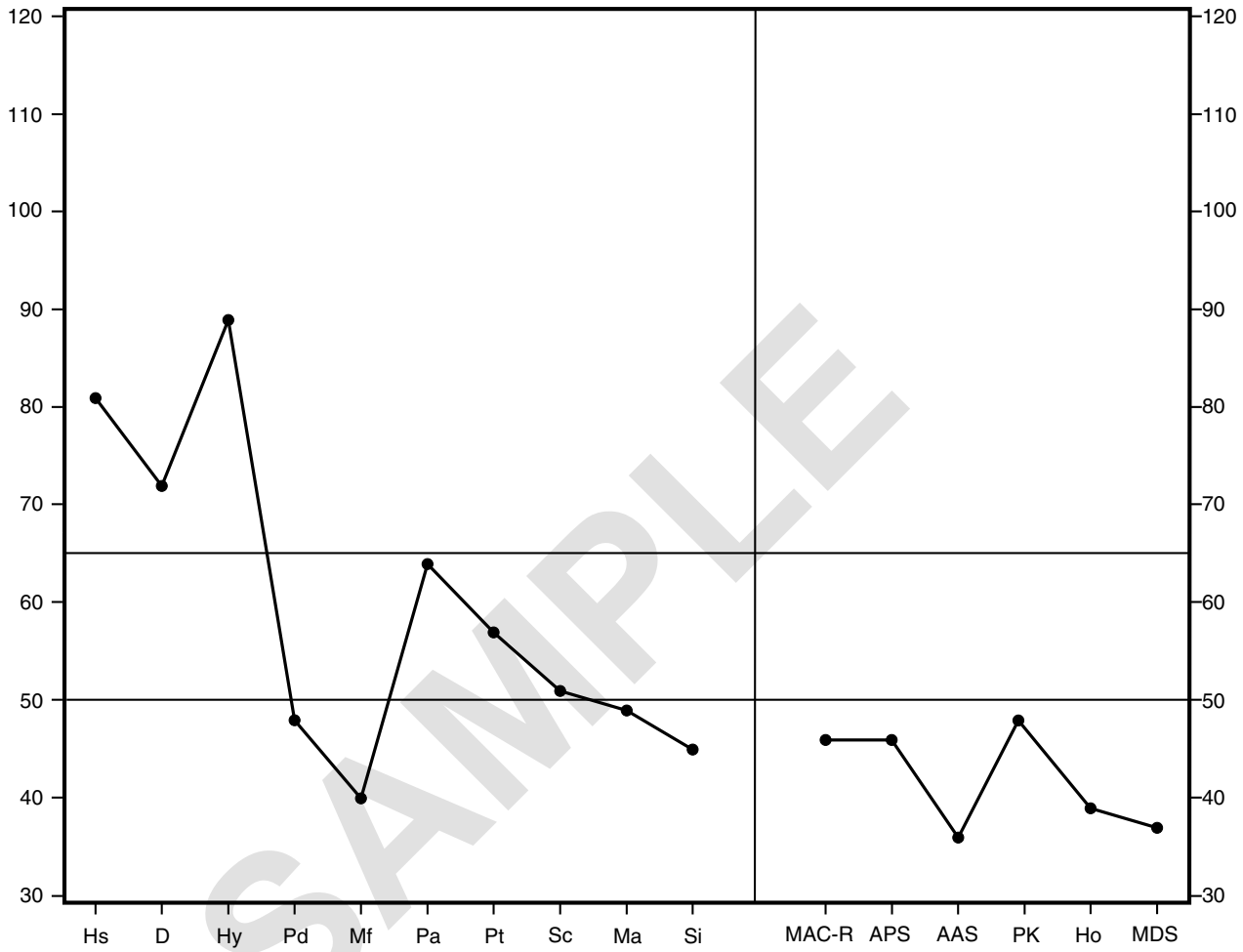
The client would probably be resistant to mental health treatment because he has little psychological insight and seeks medical explanations for his disorder. He is probably defensive and reluctant to engage in self-exploration. In addition, he seems to experience little anxiety about his situation and may have little motivation to change his behavior. Some individuals with this profile respond to placebos or mild suggestion or to stress inoculation training if it is not too threatening. They will probably require long-term commitment to therapy before their personality will change substantially. However, individuals with this profile often terminate treatment early.

PERSONAL INJURY (NEUROLOGICAL) CONSIDERATIONS

The validity profile suggests that there are questionable aspects of his performance that must be addressed before credibility can be assured. Some problems are evident in his MMPI-2 profile. His profile pattern indicates an interest in portraying himself as being physically disabled. He reported extensive vague physical problems that are unlikely to be the result of a specific physical disorder. This is most likely the result of a long-term, chronic pattern of somatization that stems from basic ingrained personality problems. He reports being unable to function effectively because of his physical symptoms, which appear to intensify when he faces life conflicts. Individuals with this clinical pattern tend to be uninsightful when it comes to understanding the causes of their symptoms, in part because they prefer to rely on medical explanations for their symptoms. Individuals with this pattern often obtain substantial secondary gain from their symptoms.

In addition to the problems indicated by his MMPI-2 clinical scale scores, he endorsed some items on the content scales that could reflect difficulties for him. His proneness to experience problems with his health might make it difficult for him to think clearly or function effectively.

MMPI-2 CLINICAL AND SUPPLEMENTARY SCALES PROFILE

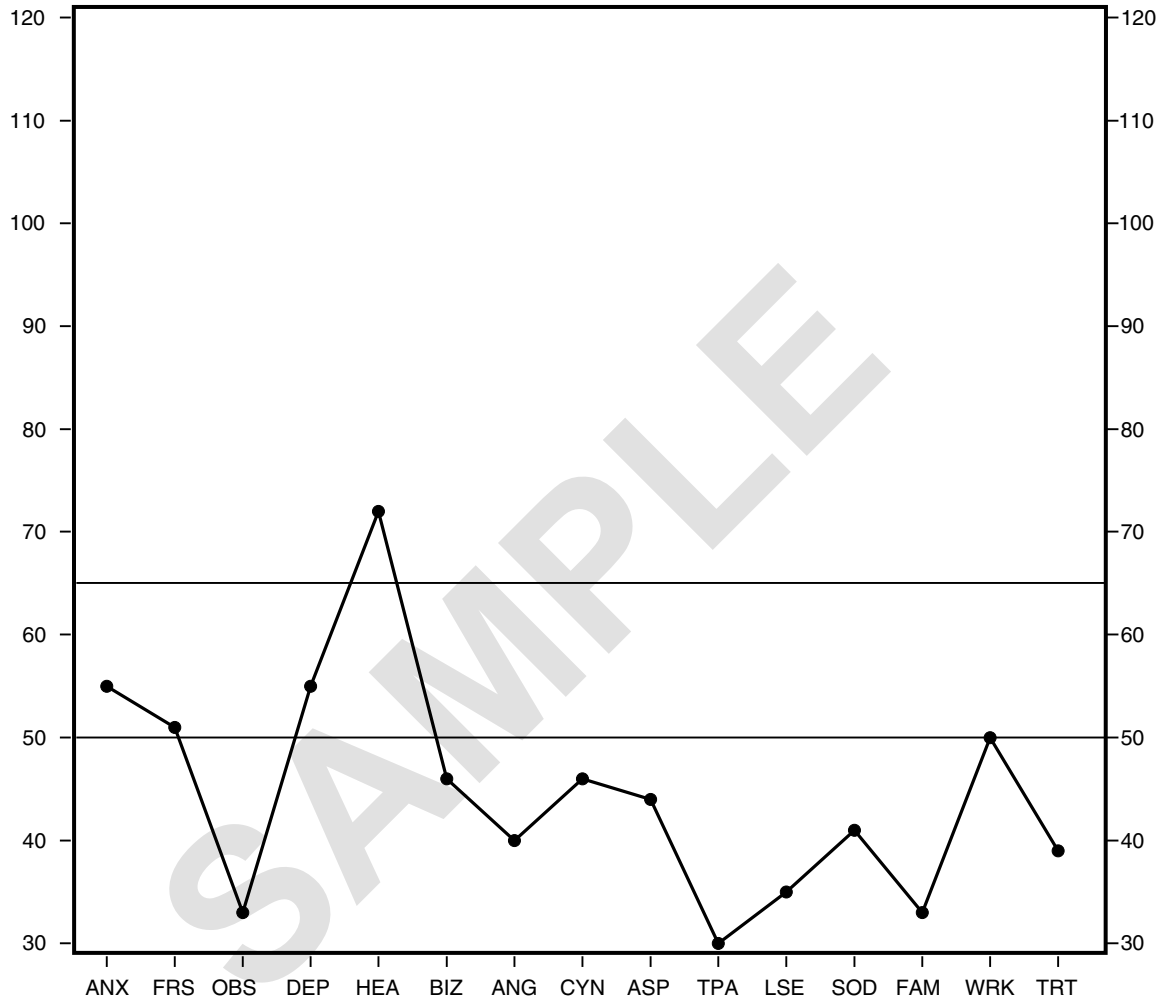


	Hs	D	Hy	Pd	Mf	Pa	Pt	Sc	Ma	Si	MAC-R	APS	AAS	PK	Ho	MDS
Raw Score:	16	29	37	14	21	14	10	7	16	20	19	22	0	7	9	0
K Correction:	10			8			20	20	4							
T Score (plotted):	81	72	89	48	40	64	57	51	49	45	46	46	36	48	39	37
Non-Gendered T Score:	79	70	86	48		64	56	51	50	44	48	47	38	48	39	36
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

Welsh Code: 31"2'+6-78/9405: L'+K-/F:

Profile Elevation: 63.9

MMPI-2 CONTENT SCALES PROFILE



	ANX	FRS	OBS	DEP	HEA	BIZ	ANG	CYN	ASP	TPA	LSE	SOD	FAM	WRK	TRT
Raw Score:	8	4	0	6	15	1	2	7	5	0	0	3	0	7	1
T Score (plotted):	55	51	33	55	72	46	40	46	44	30	35	41	33	50	39
Non-Gendered T Score:	54	48	33	53	70	47	40	46	46	30	35	41	33	49	39
Response %:	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

ADDITIONAL SCALES

	Raw Score	T Score	Non-Gendered T Score	Resp %
Personality Psychopathology Five (PSY-5) Scales				
Aggressiveness (AGGR)	7	45	47	100
Psychoticism (PSYC)	3	49	49	100
Disconstraint (DISC)	8	37	41	100
Negative Emotionality/Neuroticism (NEGE)	9	49	48	100
Introversion/Low Positive Emotionality (INTR)	12	52	52	100
Supplementary Scales				
Anxiety (A)	6	44	44	100
Repression (R)	20	61	60	100
Ego Strength (Es)	31	36	40	100
Dominance (Do)	20	61	62	100
Social Responsibility (Re)	26	65	65	100
Harris-Lingoes Subscales				
Depression Subscales				
Subjective Depression (D_1)	14	69	67	100
Psychomotor Retardation (D_2)	8	65	64	100
Physical Malfunctioning (D_3)	5	67	65	100
Mental Dullness (D_4)	5	62	62	100
Brooding (D_5)	3	57	55	100
Hysteria Subscales				
Denial of Social Anxiety (Hy_1)	6	61	62	100
Need for Affection (Hy_2)	8	55	55	100
Lassitude-Malaise (Hy_3)	8	75	73	100
Somatic Complaints (Hy_4)	10	86	80	100
Inhibition of Aggression (Hy_5)	4	55	55	100
Psychopathic Deviate Subscales				
Familial Discord (Pd_1)	1	45	44	100
Authority Problems (Pd_2)	2	40	43	100
Social Imperturbability (Pd_3)	5	57	58	100
Social Alienation (Pd_4)	4	50	50	100
Self-Alienation (Pd_5)	3	48	48	100
Paranoia Subscales				
Persecutory Ideas (Pa_1)	5	70	70	100
Poignancy (Pa_2)	3	55	54	100
Naivete (Pa_3)	5	51	50	100

	Raw Score	T Score	Non-Gendered T Score	Resp %
Schizophrenia Subscales				
Social Alienation (Sc_1)	1	43	42	100
Emotional Alienation (Sc_2)	2	59	59	100
Lack of Ego Mastery, Cognitive (Sc_3)	0	42	42	100
Lack of Ego Mastery, Conative (Sc_4)	3	55	55	100
Lack of Ego Mastery, Defective Inhibition (Sc_5)	1	47	47	100
Bizarre Sensory Experiences (Sc_6)	2	51	50	100
Hypomania Subscales				
Amorality (Ma_1)	1	42	44	100
Psychomotor Acceleration (Ma_2)	5	49	49	100
Imperturbability (Ma_3)	4	53	54	100
Ego Inflation (Ma_4)	2	43	43	100
Social Introversion Subscales (Ben-Porath, Hostetler, Butcher, & Graham)				
Shyness/Self-Consciousness (Si_1)	2	42	41	100
Social Avoidance (Si_2)	1	41	42	100
Alienation--Self and Others (Si_3)	2	41	41	100
Content Component Scales (Ben-Porath & Sherwood)				
Fears Subscales				
Generalized Fearfulness (FRS_1)	0	44	43	100
Multiple Fears (FRS_2)	4	54	50	100
Depression Subscales				
Lack of Drive (DEP_1)	4	62	61	100
Dysphoria (DEP_2)	2	58	55	100
Self-Depreciation (DEP_3)	0	41	41	100
Suicidal Ideation (DEP_4)	0	45	46	100
Health Concerns Subscales				
Gastrointestinal Symptoms (HEA_1)	1	57	55	100
Neurological Symptoms (HEA_2)	5	74	70	100
General Health Concerns (HEA_3)	4	72	72	100
Bizarre Mentation Subscales				
Psychotic Symptomatology (BIZ_1)	1	54	54	100
Schizotypal Characteristics (BIZ_2)	0	41	41	100
Anger Subscales				
Explosive Behavior (ANG_1)	0	39	39	100
Irritability (ANG_2)	1	41	40	100
Cynicism Subscales				
Misanthropic Beliefs (CYN_1)	5	47	48	100
Interpersonal Suspiciousness (CYN_2)	2	43	45	100

	Raw Score	T Score	Non-Gendered T Score	Resp %
Antisocial Practices Subscales				
Antisocial Attitudes (ASP_1)	5	46	48	100
Antisocial Behavior (ASP_2)	0	38	41	100
Type A Subscales				
Impatience (TPA_1)	0	34	34	100
Competitive Drive (TPA_2)	0	33	34	100
Low Self-Esteem Subscales				
Self-Doubt (LSE_1)	0	39	40	100
Submissiveness (LSE_2)	0	41	40	100
Social Discomfort Subscales				
Introversion (SOD_1)	1	39	40	100
Shyness (SOD_2)	2	47	46	100
Family Problems Subscales				
Family Discord (FAM_1)	0	35	35	100
Familial Alienation (FAM_2)	0	40	41	100
Negative Treatment Indicators Subscales				
Low Motivation (TRT_1)	0	42	42	100
Inability to Disclose (TRT_2)	0	37	38	100

Uniform T scores are used for Hs, D, Hy, Pd, Pa, Pt, Sc, Ma, the content scales, the content component scales, and the PSY-5 scales. The remaining scales and subscales use linear T scores.

Gass Head Injury Items

The Gass Correction for Head Injury has been found to be useful in accounting for some scale elevations in neuropsychological cases. The client endorsed 1 of the 14 Gass Correction items in the scored direction. The practitioner might consider the effect of reducing the designated scale raw scores in this case if there is a history of head injury that might account for the scale elevations. The items and their scale membership are listed below. (See Appendix A of the User's Guide or Gass, 1991.)

179. Item Content Omitted. (False) Scales 1, 3, and 8

Special Note:
The content of the test items is included in the actual reports. To protect the integrity of the test, the item content does not appear in this sample report.

End of Report

NOTE: This MMPI-2 interpretation can serve as a useful source of hypotheses about clients. This report is based on objectively derived scale indices and scale interpretations that have been developed with diverse groups of people. The personality descriptions, inferences, and recommendations contained herein need to be verified by other sources of clinical information because individual clients may not fully match the prototype. The information in this report should only be used by a trained and qualified test interpreter. The report was not designed or intended to be provided directly to clients. The information contained in the report is technical and was developed to aid professional interpretation.

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